

Addendum to the Summary Plan Description and Plan Document for the City of Gulfport Health and Welfare Benefit Plan

Plan Effective Date: January 1, 2014
Amendment Date: January 1, 2015

The City of Gulfport Health and Welfare Benefit Plan is amended as follows:

1. Eligible expenses will include Hearing Aids and hearing exams including related services, supplies, or fitting exams. Services will be covered at 100% at both the In-Network and Out-of-Network benefit levels and limited to a maximum benefit of \$500.00 per ear per member every 2 calendar years.
2. Routine Preventive Care/Wellness benefits will include Vitamin D assays.
3. Routine Preventive Care/Wellness benefits will include a diagnostic mammography following a routine screening mammography, if required.
4. Eligible expenses shall include weight loss surgery, including physician and facility services related to the surgical procedure. A weight loss surgery copay of \$2,000 per member will apply. Services will be covered at 100% at both the In-Network and Out-of-Network benefit levels, limited to a maximum lifetime benefit of \$20,000 per member, including the \$2000 weight loss surgery copay. The \$2,000 weight loss surgery copay per member does not apply to the out-of-pocket maximum limit.
5. Expenses Not Covered, Physical Appearance
Other than weight loss surgery, services, supplies or treatment primarily for weight reduction or treatment of obesity, including but not limited to hormones, medications, exercise programs or use of exercise equipment, special diets or supplements, appetite suppressants, weight loss programs, and hospital confinements for weight reduction programs are not covered under the plan.
6. The Out-of-Pocket maximum limit includes the deductible, co-payments, and coinsurance for medical and prescription drug benefits. The out-of-pocket maximum does not include:
 - amounts in excess of the maximum amount payable under the Plan
 - any expenses not covered under the Plan
 - penalties for failure to pre-certify inpatient admissions and home health services
 - the copay of \$2,000 applied for weight loss surgery
7. The Annual Coinsurance & Deductible Out-of-Pocket Maximum limit for the Option 1 Plan for the In-Network benefit level will be \$2,000/ individual, \$6,000 /family. The combined Coinsurance, Deductible and copayment maximum will be \$6,600/individual, \$13,200/family.
8. The Annual Coinsurance & Deductible Out-of-Pocket Maximum limit for the Option 2 Plan for the In-Network benefit level will be \$2,500/ individual, \$7,500 /family. The combined Coinsurance, Deductible and copayment maximum will be \$6,600/individual, \$13,200/family.

9. The Annual Coinsurance & Deductible Out-of-Pocket Maximum limit for the Option 3 Plan for the In-Network benefit level will be \$4,000/ individual, \$12,000 /family. The combined Coinsurance, Deductible and copayment maximum will be \$6,600/individual, \$13,200/family.